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01/10/2008

Marvin S. Towsend Patent Attorney 8 Grovepoint Court Rockville, MD 20854 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mullipage. papers. Each certificate of

hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for § in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/694,345	10/28/2003	Richard E. Walters	03-384	2569

TITLE OF INVENTION: IN VITRO, MULTIPLE ELECTRODE PAIR ARRAY AND MULTIPLE TREATMENT CELL APPARATUS FOR USE IN **ELECTROPORATION**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/10/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS]	NGUYEN2 00000093 10	/EN2 00000093 10694345	
BEISNER, WILLIAM H		1797	435-285200	91 FC:2501 92 FC:1504		720.00 OP 300.00 OP	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative	3 registered patent attorneyely,	_	in 5. Towser	
			(2) the name of a single registered attorney or a 2 registered patent attorney or an arrewill be	e firm (having as a memb agent) and the names of u meys or agents. If no nam	p to		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cyto Pulse Sciences

en Burnie, Maryland

Please check the appropriate assignee category or categories (will not be	be printed on the patent):	☐ Individual	Corporation or other private group en	tity 🗖 Government
4a. The following fee(s) are submitted:	4b. Payment of Fce(s): (ply any previously paid issue fee show	n above)

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interest as shown by the records of the United States Patent and Trademark Office

Authorized Signature Typed or printed name Registration No.

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